

BETTY McCOLLUM
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COMMITTEE ON
EDUCATION AND THE WORKFORCE

COMMITTEE ON
INTERNATIONAL RELATIONS

www.house.gov/mccollum

UNITED STATES
HOUSE OF REPRESENTATIVES

Privacy Release Form

The Privacy Act of 1974 requires written consent from the constituent before information can be obtained from a government agency's records. To better serve you, please complete both sides of the following form and return it to me. If you are inquiring on behalf of someone, that person must sign this form.

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Name _____

Mailing Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Social Security Number _____ Date of Birth _____

I prefer to be contacted by:

☐ Home Phone ☐ Work Phone ☐ Cell Phone ☐ Email ☐ US Mail

Agency Involved _____

I freely and willingly authorize Congresswoman Betty McCollum and her staff to make inquiries into my personal records and/or files to obtain information about me pertaining to my request for assistance. I understand that I may revoke this authorization at any time.

Signature _____ Date _____

I designate the following person(s) to discuss this matter on my behalf with Congresswoman Betty McCollum and her staff (if applicable):

Office Use Only	
Assigned to _____	Received _____

Please complete other side

Please complete the sections that apply to your case.

Please briefly explain your problem. (In writing, provide a detailed account. Include any additional relevant correspondence that you have initiated or received concerning your problem.)

Please state how you would like Congresswoman McCollum to help you.

Have you contacted other Senate or Congressional offices about this issue? ☐ Yes ☐ No

If yes, who have you contacted?

☐ Senator Dayton ☐ Senator Coleman ☐ Representative _____

Military or Veteran's Issues

Social Security Number _____

Rank/Unit _____ Duty Station _____

Immigration Issues

Receipt Number _____ Alien Number A - _____

Date of Birth _____ Place of Birth _____

Type of Petition Filed _____ Current Immigration Status _____

Consulate Involved _____

Social Security Issues

Type of Claim Filed _____

Initial Claim	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Reconsideration	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
ALJ Hearing	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Appeals Council	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied